

UNITED STATES DISTRICT COURT

for the

District of SOUTH CAROLINA

COLUMBIA Division

ROBERT LYNN SCHROCK, JR

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

PALMETTO HEALTH

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☒ No

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COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE
(28 U.S.C. § 1332; Diversity of Citizenship)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	ROBERT LYNN SCHROCK, JR
Street Address	538 FLAGSTONE COURT
City and County	LEXINGTON, LEXINGTON COUNTY
State and Zip Code	SOUTH CAROLINA, 29072
Telephone Number	757-262-8804
E-mail Address	SCHROCK.ROBERT@YAHOO.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1**Name** PALMETTO HEALTH**Job or Title** *(if known)***Street Address**

293 GREYSTONE BLVD.

City and County

COLUMBIA, RICHLAND COUNTY

State and Zip Code

SOUTH CAROLINA, 29072

Telephone Number**E-mail Address** *(if known)***Defendant No. 2****Name****Job or Title** *(if known)***Street Address****City and County****State and Zip Code****Telephone Number****E-mail Address** *(if known)***Defendant No. 3****Name****Job or Title** *(if known)***Street Address****City and County****State and Zip Code****Telephone Number****E-mail Address** *(if known)***Defendant No. 4****Name****Job or Title** *(if known)***Street Address****City and County****State and Zip Code****Telephone Number****E-mail Address** *(if known)*

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) ROBERT LYNN SCHROCK, JR, is a citizen of the
State of (name) SOUTH CAROLINA.

2. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) _____, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

2. If the defendant is a corporation

The defendant, (name) PALMETTO HEALTH, is incorporated under
the laws of the State of (name) SOUTH CAROLINA, and has its
principal place of business in the State of (name) SOUTH CAROLINA.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 06/25/2017, at (place) PALMETTO PARKRIDGE BAPTIST HOSPITAL,
 the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because *(describe the acts or failures to act and why they were negligent)*

- (1) §44-17-410, Officials failed to brief me in a way I could understand that I was being held. When I attempted to explain to the official conducting the assessment that I was able to consent §44-66-20 by stating "I feel as though I am able to appreciate the implications of my condition and wish to refuse treatment at this time".
 - (2) I was placed, against my will, in a seclusion room §44-22-150 in the emergency room. This room had no means to assist me in coping with the situation as addressed in countless hours of therapy. I voiced these concerns to all staff members and armed guards continuously throughout the night.
 - (3) I was held in the room all night and was forced to provide a sample of urine. Instead of explaining the purpose of the major medical treatment (urine collection) §44-22-10, they held me in seclusion and refused to allow me to urinate until I agreed with the treatment §44-22-50. As I was aware of my actions and never had tested positive in at least 15 years, I denied to consent to the test. I was honest with them when I self stated without coxing that I had self medicated with cannabis.
 - (4) I was forced to listen to officials laugh and discuss plans while my requests for relief from pain fell on deaf ears. Finally I stated to both the Armed Guards and hospital official that either they allow me to relieve such pain that I had endured for approximately 8 hours, that they allow me to urinate or I will be forced to relieve the pain in either the sink or the floor drain. The hospital official accused me of being rude and nasty, so I relieved my pain in a plastic water bottle and set it next to the bed §16-5-10.
 - (5) Several times throughout the day I had begged them to provide me with the necessary medications as outlined in my Veterans Affairs records. When confronted with this, officials stated that I needed to disclose these medications. When I informed them that I did not recognize the names of these pills due to a symptom of my condition, they dismissed me.
 - (6) At no time from the time I entered the seclusion chamber to this point was I offered basic necessities including: blankets, pillows, food, water, or the ability to contact legal representation §16-5-10, §44-22-120.
 - (7) The armed guard removed the urine from my room and placed it in possession of the hospital official. As it was against my consent §44-22-10, §44-55-50.
 - (8) I was allowed food and water as soon as the sample was labeled, and sent to the lab for review.
 - (9) I waited until the middle of the night before I was seen by an emergency room doctor (ED). The ED asked me if I understood why I was there and I voiced my concerns with being placed in the seclusion room. The ED then stated that it was "the policy of the hospital to place all people that threaten suicide in these rooms as a way to protect them and the patient". I again made the doctor aware of my condition, the way the room made me feel, and voiced my opinions on the lack of empathy from the staff. The ED failed to ask any medical related pain questions or if I felt as though my care was good. I waited an additional couple of hours and told a nurse of the pain. Some additional time passed and I called the doctor over. I told him of both my back injury and my hiatal hernia. He seemed insincere and dismissive, and walked away. Shortly after I received 2 pills.
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The acts or omissions caused or contributed to the cause of the plaintiff's injuries by *(explain)*

- (1) Documentation in record dated 6/26/17 by responsible official stating no justification for admission based on documented evidence. Official stated that regardless of my wishes, she was admitting me. At such time they removed my clothing, made me surrender any means of communication, and placed me in seclusion. At NO time did the Officials attempt to explain the process to me, nor deconflict the situation to a point as to communicate that decision.
 - (2) Documentation in record dated 6/26/17 by responsible official omitting the justification for the initial seclusion §44-22-150 (B).
 - (3) Documentation in record dated 6/26/17 by responsible official omitted the justification for a major medical treatment (urinalysis).
 - (4) The act of refusing to allow me to urinate for an extended period of time not only caused undue stress, but excruciating pain. Documentation failed to outline the act or justification for the act of not allowing me to utilize the facilities §16-5-10.
 - (5) Documentation in record states I "will not elaborate". Documented effects of withdrawal from psychotropic medications without the consent of a licensed healthcare professional are publicly known and the pain, suffering, and any symptoms can be directly attributed to the inability of the hospital to utilize the necessary tools to retrieve such knowledge.
 - (6) I requested throughout the night my desire to seek legal counsel or representation. Documentation is not currently in my possession to collaborate either side.
 - (7) Informed consent for the test, or documentation of next of kin is not in documentation currently in my possession §44-22-40.
 - (8) Subsequent review of the test indicated a positive test for cannabis, but not at a level that exceeded the threshold for the test. Therefore the basis for involuntary commitment as outlined to the Suicide Prevention Coordinator. Documentation of a positive drug test does not exist in the records. Record of "Cannabis Use Disorder" appears on Veteran Administration documentations starting on the first day of admission to the VA facility. Official certified "Drug Abuse" on 6/25/17.
 - (9) ED was advised of the pain, discomfort, and seriousness of such and failed to provide relief from it §44-22-60. The only pills that were documented as ordered were Ativan .5mg and 5mg of Haldol. These constitute a "chemical restraint" 42 CFR 460.114. No pain, antacid, or other pills appear on current medical records.
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IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Lost wages for period of 2017 – 2057 (GS-12, 20 yr annuity 6%)	\$1,300,000.00
Healthcare insurance costs (\$7,000 per year for 20 yr annuity 6%)	\$140,000
Inpatient care costs (\$5,700 per MH stay, 5 stays annuity 6%)	\$22,800
Nursing home costs (\$90,500 per year for 20 yr annuity 6%)	\$1,810,000
Defamation of character (slander)	\$40,000,000
HIPPA violation (per US code)	\$1,500,000
Loss of freedom (\$50,000 per day, 10 days)	\$500,000
Family counseling (\$90 per visit, 3 members, 40 yr annuity 6%)	\$280,800
Other non-economic damages including pain and suffering	\$154,446,400
	TOTAL \$200,000,000

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/03/2017

Signature of Plaintiff

Printed Name of Plaintiff


ROBERT LYNN SCHROCK, JR

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address